

CAZAKU 50
A56
1970

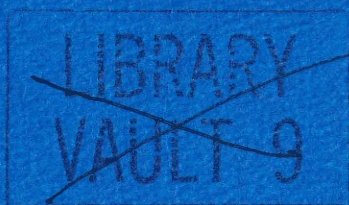
ANNUAL REPORTS

ALBERTA LEGISLATURE LIBRARY



3 3398 00486 1422

1970 ANNUAL REPORT



UNIVERSITY
OF ALBERTA
HOSPITAL



BOARD OF GOVERNORS



G. K. WYNN
Chairman



E. A. D. McCUAIG



**HER HONOUR JUDGE
MARJORIE M. BOWKER**



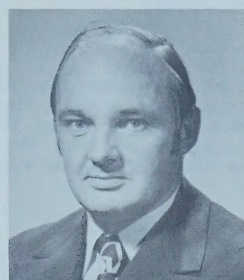
E. A. CHRISTENSON



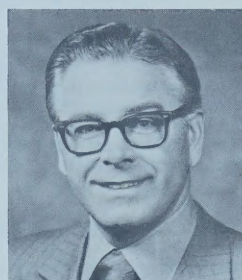
DR. J. E. YOUNG



DR. M. WYMAN
President U. of A.



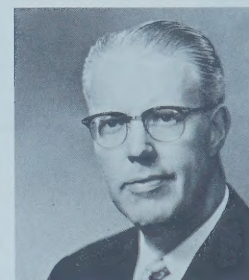
DR. R. H. WENSEL



S. A. MILNER

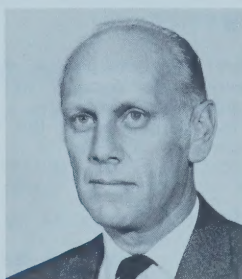


K. J. HAWKINS

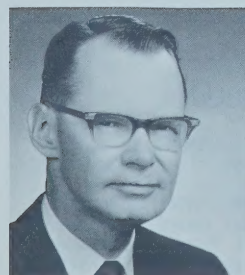


DR. W. C. MacKENZIE
Dean of Medicine

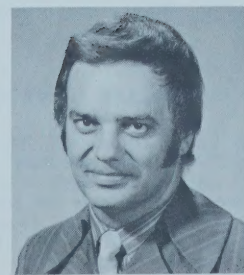
EXECUTIVE STAFF



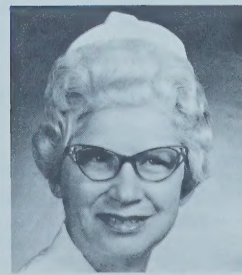
DR. B. SNELL
Executive Director



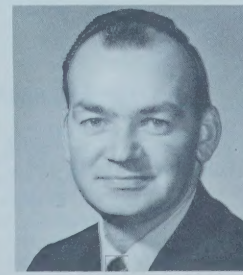
G. C. SHERWOOD
Business Administrator



DR. J. G. READ
Medical Director



MISS M. G. PURCELL
Director of Nursing



R. K. LARSEN
Director of Manpower



J. R. NEWHOUSE
Director of Finance



DR. B. SNELL

It is with pleasure that I submit this Annual Report of the University of Alberta Hospital for the year 1970. The report consists of two components — the shorter general and statistical report prepared by the Administration and the volume containing the complete reports of all the departments of the hospital prepared by the chairmen and directors of the departments.

1970 was an interesting year in the hospital's development. While the pattern of expansion in the volume and scope of the hospital's work continued, other major changes of a specific nature were introduced or developed during the year. The following are amongst the more important of these:

CENTENNIAL HOSPITAL PROJECT

During 1970 the plans for the Centennial Hospital approached completion with the aim of commencing construction in the summer of 1971. The construction of the Centennial Hospital will be a complex process and in order that it be carried out within the planned time period and budgetary approval the Board appointed a Construction Management Company (Poole Construction) to coordinate the building program.

GENERAL INTENSIVE CARE UNIT

Part of Nursing Station 42 was renovated to form a new 8 bed General Intensive Care Unit. While this unit is not large in relation to the overall size of the hospital it is hoped that it will complement the various special Intensive Care Units in Cardiac Surgery, Neurosurgery, the Burns Unit, the Premature Nursery, etc, so as to provide an adequate overall intensive care facility to the hospital.

EMERGENCY SERVICE

The number of attendances at the Emergency Department continued to rise and had grown to exceed the capacity of the unit. During 1970 the emergency facilities were expanded sufficiently to handle a projected patient increase for the next four to five years until the completion of the Centennial Hospital Project.

EXPERIMENTAL GALLEY

The Food Service facilities in the University Hospital have become obsolete and the demands placed upon them are far in excess of their capacity. As a result it is planned to provide a new and more modern Food Service facility in the Centennial Hospital. In anticipation of this and in order to provide a pilot project for these facilities an experimental gallery has been set up in the Nursing Station 64. It is hoped that this gallery will enable the hospital to eliminate many of the "bugs" normally accompanying the opening of a new type of service. This galley will enable the Staff of the Dietary Department to evaluate newer methods of preparing meals from a variety of "convenience" foods, which have been chilled or frozen, using either a convection or radiation oven.

AMALGAMATION WITH ABERHART MEMORIAL SANATORIUM

During the latter part of 1970 the Board completed its discussions with the Minister of Health regarding the amalgamation of the Aberhart Memorial Sanatorium with the University of Alberta Hospital. The amalgamation became effective on January 1, 1971. Besides continuing to provide for the hospital care of patients with infectious tuberculosis the Aberhart Hospital will enable the University Hospital Board to create resources for a number of other hospital needs in Edmonton. The Hospital Services Utilization Committee has been asked to recommend appropriate uses of the Aberhart Hospital to the Board.

MEDICAL EDUCATION

During 1970 the hospital experienced the first impact of the new medical curriculum which includes changes in the clinical experience of undergraduate medical students enabling them to obtain, during the latter part of their undergraduate training, an experience equivalent to that which had previously occurred in the graduate rotating internship. The hospital is happy to participate in these changes.

THERAPEUTIC ABORTIONS

Changes in the Criminal Code of Canada which legalized therapeutic abortions have resulted in an increasing number of these procedures being carried out in the hospital. Tubal ligations have also increased substantially. As a result these additional demands on the resources of the Department of Obstetrics and Gynaecology have threatened to compromise the department's other responsibilities. Facilities to carry out these additional loads have become an urgent necessity.

GLOBAL BUDGETING

In 1970 the new concept of Global Budgeting was introduced to the University Hospital. In this concept a global figure is set for the hospital's operating budget during the fiscal year. From this is deducted an amount estimated to be the value of revenues which will be received from sources other than the Provincial Hospital Services (offset revenues). The remainder is paid to the hospital on a monthly basis. If the hospital is able to exceed its revenue goal from other sources it may keep the excess. On the other hand it cannot expect any additional support from the Provincial Government during the year. A separate Global Budget is set to cover the direct costs of medical education in the hospital. Although we have had only one year's experience of this budgetary system it appears to be reasonably satisfactory.

STAFF CHANGES

The following staff changes occurred during 1970:

Dean H. R. MacLean resigned as Chairman of the Department of Dentistry. Dr. J. McCutcheon was appointed Dean of the Faculty of Dentistry and Acting Chairman of the Department of Dentistry of the University Hospital.

Dr. J. W. Macgregor has retired from his position as Chairman of the Department of Pathology. Dr. G. O. Bain was appointed Chairman of the Department of Pathology in both the hospital and Faculty of Medicine.

Dr. F. McConnell resigned as Chairman of the Department of Radiology.

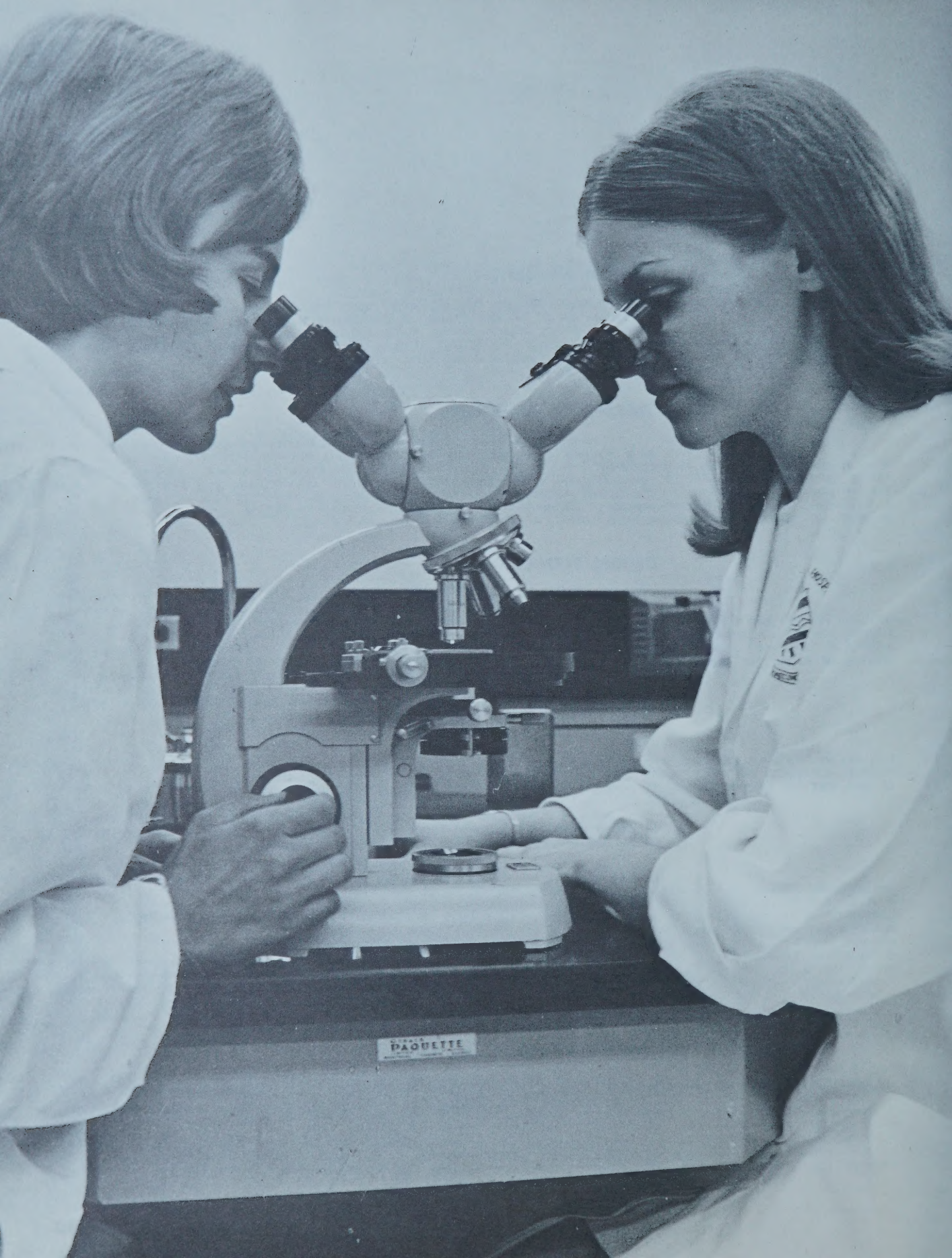
Mr. R. W. Foreman resigned as Planning Coordinator.

I regret to record the sudden death of Dr. S. S. Spaner, a member of the Medical Staff for many years. Dr. Spaner was responsible for the early development of the Department of Psychiatry and continued to play an active role in the department until his death.

BOARD CHANGES

Mr. S. A. Milner was appointed to the Hospital Board on January 1, 1970. As a result of a change in the University of Alberta Hospital Act the Medical Staff is now able to nominate a representative as a member of the Board. Dr. R. H. Wensel is the first member of the Medical Staff appointed to the Board under this procedure.

The continued support of the Administrative Team of the Hospital, the cooperation of the Medical School Administration, and the guidance of the Hospital Board, have been of major help to me in carrying out my responsibilities during the year. I wish to express my appreciation to each of them.



	1969	1970
Admissions	23,748	25,121
Births	2,219	2,194
Emergency Visits	61,181	65,688
Outpatient Visits	16,390	14,209
Operations Performed	20,333	21,613
Meals Served	1,585,200	1,604,526
Pounds of Laundry Processed	5,999,145	5,527,908
X-Ray Examinations	83,334	84,003
Units of Laboratory Work	2,427,272	2,740,390
Physical Therapy Treatments	123,858	121,842
Occupational Therapy Treatments	42,530	51,959
Social Service Visits	13,974	13,540
Patients Visited by the Chaplains	6,264	7,753
Prescriptions	246,111	243,865



MR. G. C. SHERWOOD

It is with pleasure that I report for the year 1970 on the various hospital activities coming under my administrative jurisdiction. This report will be intentionally brief and dedicate itself to highlights only.

BUILDINGS AND GROUNDS

This is a major area of activity and besides general maintenance of the physical plant, includes Housekeeping Services and Parking Control as well as Security, Fire Prevention and Safety Programs. During the year a major change-over from a 5,000 volt primary power system to a 13,800 volt primary power system was completed. For improved efficiency and control a central parts and supplies depot for all maintenance services was established. The value of utility services provided to the hospital amounted to nearly a quarter of a million dollars and included 620 thousand pounds of steam, 34 kilowatt hours of electricity, 63 thousand cubic feet of water and 430 thousand therms of gas. A number of renovation projects were carried out including completion of the Transplant Immunology Laboratory; installation of new Cardiac Catheterization facilities; installation of the Clin-Data System in the Clinical Laboratories and installation of a new Food Service Galley on Nursing Station 64 to be used on an experimental basis in relation to the development of the new 'chilled food' concept. During the year a substantial increase in the charges made for parking services to both the public and staff was initiated. This was necessary because of the high demand for parking facilities which can no longer be met by an expansion of surface parking lots. Long range plans call for the construction of a parkade which of course may call for still higher service charges.

DIETARY SERVICES

No major or significant change occurred in the activities of this department during the year. Emphasis is commencing to be placed on the development of the new 'chilled food' concept which will be instituted with the completion of new dietary facilities in the Centennial Hospital. An experimental galley has been completed on Nursing Station 64 and work is in progress in relation to the testing of recipes and freezing techniques.

LINEN SERVICES

In November, 1970 Mr. Dan Schneider retired from his position of Director of Linen Services after 37 years of dedicated service to the University of Alberta Hospital. He has been succeeded by Mr. E. Osinchuk. The department has been successful in achieving some noteworthy improvements in production methods and reductions in service loads, both of which have contributed to the stabilization of cost increases.

UNIT MANAGEMENT CENTRES

A further year of satisfactory progress in the development of this new concept in the University Hospital has been completed. Plans for continued implementation by the addition of four more Unit Managers have been accepted by the Hospital Board and will be carried out during the year 1971.

PHARMACEUTICAL SERVICES

By continued effort to eliminate duplicate prescription orders the daily prescription workload has been further reduced to 1,589 compared to 1,694 in 1969 and 1,875 in 1968. Stock turnover has increased to 7.6 times per year with a stock value of \$102,305.00 compared to the previous year's 7.0 times with a stock value of \$98,873.00.

PURCHASING DEPARTMENT

This department continues to respond to an increasing workload without a corresponding increase in its staff resources. Because of budget constraints a warranted increase in staff was withheld during 1970. It is hoped that it will be possible to remedy this situation in 1971.

CENTRAL SUPPLY

This department is also experiencing difficulty maintaining production demands within existing staff and space limitations. Efforts are continuing to improve production through methods improvement, utilization of disposables where practical and by the installation of labour saving equipment.

OTHER SERVICES

While not reported on individually, the work of several other activity areas is acknowledged including Work Study, Children's Day-Care Centre, Mail and Messenger Services and Information and Switchboard Services. Each of these continues to contribute their share to the over-all efficiency and effectiveness of the entire institution.





MISS M. G. PURCELL

The year of 1970 was a challenging one for the Nursing Division. The emphasis upon the objective of provision of nursing care at reasonable costs and within budget constraints was met by the division.

Establishment of budgets for areas of responsibility enabled nurse and orderly supervisors to participate in controlling costs. A workshop, a course on budget management, and counselling by personnel in the Divisions of Finance and Manpower, have assisted supervisors to gain knowledge and a confidence about this area of responsibility.

In addition to demonstrating an ability to maintain nursing care within budget constraints, nurses examined concepts of decentralization, categorization of patients, and ways of collecting and analyzing statistical data. Nurse activity and patient profile studies have been initiated within two areas. The concept of decentralization within the centralized organizational framework has created considerable interest. In this respect, concepts applied in the Unit Management System project have an influential and important role.

Although there is not a general shortage of nurses, experienced professional nurses able to meet our specialized requirements, are not always available. To educate nurses in specific clinical practices, the Department of Nursing Service has planned in-service programmes in intensive nursing care. In addition, programmes for all levels of nursing staff have been provided by unit supervisors, charge nurses and in-service supervisors.

Eight nurses successfully completed the Cardiovascular Nursing Course.

Twenty nurses successfully completed the Operating Room Technique and Management Course.

Active membership in the Nursing Reserve during the year was comprised of 164 members, 103 of whom provided nursing service. Members of the Nursing Reserve provided 5,427 shifts, an equivalent of 24 full-time staff.

Nine members of the Nursing Service Department were granted leave to attend university. A number of nurses attended educational workshops and institutes. Fourteen supervisors attended courses related to supervision and budget management, provided by professors of the Health Services Administration programmes within the Extension Department at the University of Alberta.

In the past year there has been activity on the part of many supervisors and charge nurses in developing ways of extending their involvement in a continuity of patient care. A closer liaison with other community agencies has been established between nurses in the departments of Paediatrics, Obstetrics, and Ambulatory Care, members of the health care team in public health units, and the Edmonton City Board of Health.

The Nursing Service Department staff turnover was as follows:

	1969	1970
General Duty Nurses (full time)	59.11%	50.50%
Nursing Officers	22.22%	23.77%
Charge Nurses	21.31%	21.48%
Assistant Charge Nurses	27.90%	42.42%
Certified Nursing Aides	47.61%	46.49%

THE SCHOOL OF NURSING

All members of Class 1970 successfully wrote the registered nurse examinations. Attrition rate for Class 1970 was 12.4 per cent.

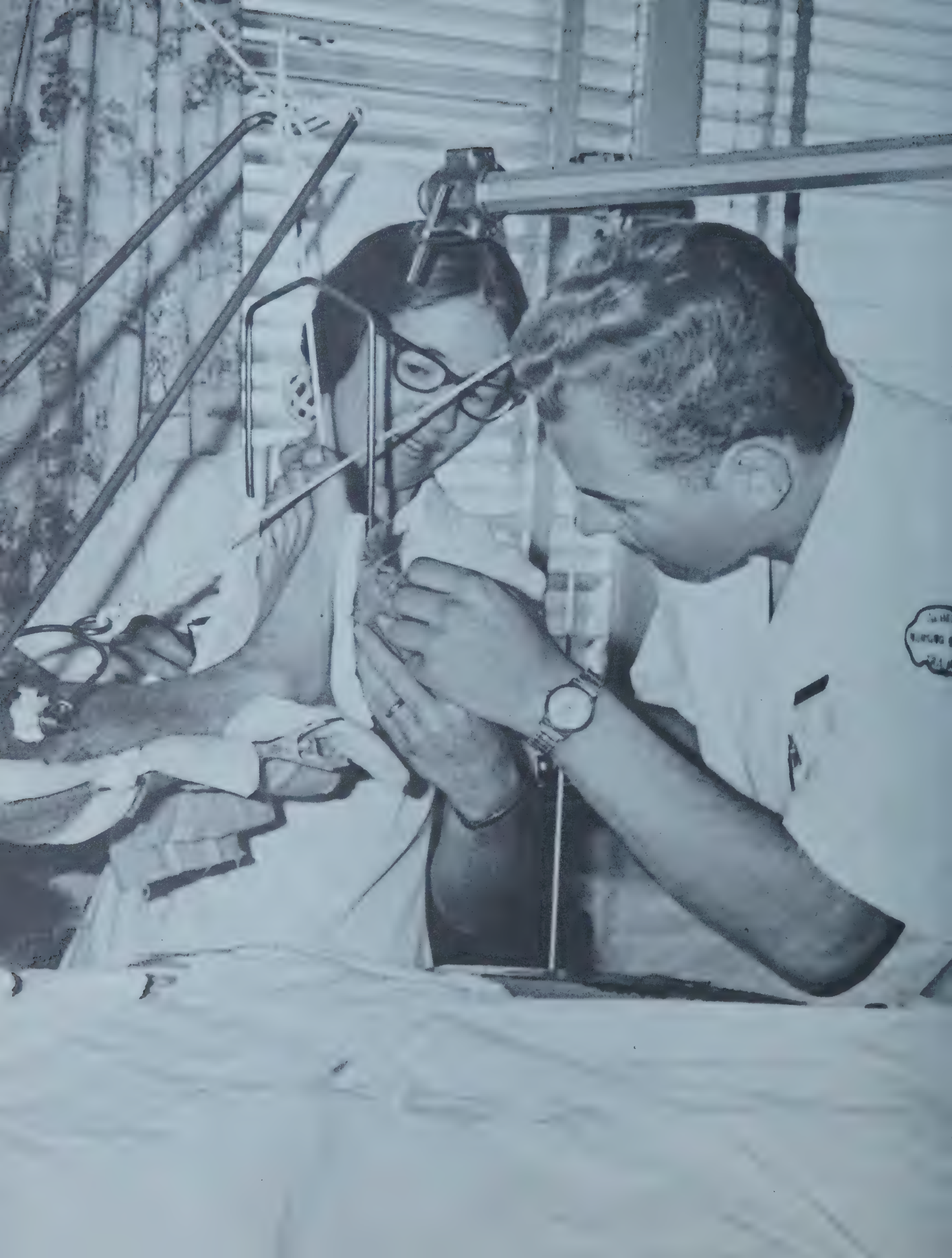
Number of students enrolled in September class	125
Number of withdrawals from the school	34
Number of students granted long-term leave	27
Number of days of illness in student population	1,790

The school enrollment as of December 31, 1970, was 328 students, which is eight less than in 1969.

The integrated programme has been reviewed and evaluated.

The Advisor to Schools of Nursing visited the school in October 1970, and presented an evaluation and recommendations.

In spite of the problems initiated by budgetary constraints, staff in the Division of Nursing maintained effective nursing care during this year. The co-operation and assistance of staff in other divisions has been most supportive and is appreciated by members of the Division of Nursing.





DR. J. G. READ

It is always of concern that one cannot highlight all the accomplishments of individuals and their departments, noting their contributions to the University of Alberta Hospital.

General statistics indicate that the Medical Staff (and the House Staff), in addition to providing patient care through 326,320 patient days, also provided undergraduate teaching to approximately 190 Medical Students within the Hospital, graduate training to 192 Interns and Residents (along with the customary numerous contributions to nursing education and the education of other health personnel), along with the development of many clinical and non-clinical research projects.

In 1970 the Medical Staff added 22 Active Staff, with transfer of three people from Active Staff, resignations of three, and death of one member of the Active Staff. Courtesy Staff was increased by 2, with a transfer from Courtesy Staff of one. Consulting Staff increased by three. Scientific and Research Associate Staff increased by three, with a decrease of three individuals on Medical Director's Privileges. At December 31, 1970 there were 167 Active Staff, 44 Courtesy Staff, 24 Consulting Staff, 7 Honorary Staff, 1 Outdoor Staff, 18 Scientific and Research Associates, and 41 people on Medical Director's Privileges.

In 1970 a number of important appointments were made in the Medical Division of the Hospital: Dr. P. B. R. Allen as Director of the Division of Neurosurgery; Dr. R. H. Wensel as Director of the Division of Gastroenterology; Dr. G. Goldsand as Director of the Division of Infectious Diseases; Dr. J. S. Percy as Director of the Division of Rheumatology; Dr. A. S. Little as Director of the Division of Clinical Haematology and Medical Oncology; and Dr. A. G. Richards as Director of the Division of Internal Medicine. Dr. G. O. Bain was appointed Chairman of the Department of Pathology. Dr. L. C. Grisdale was reappointed to the position of Chairman of the Medical Staff Advisory Board, and Dr. J. B. Redford was reappointed to the position of Secretary of the Medical Staff Advisory Board. Dr. R. H. Wensel was appointed Chairman of the newly formed Hospital Services Utilization Committee and also to a two year term as Medical Staff Representative on the University Hospital Board. Later in the year, Dr. J. H. Sprague was appointed Acting Director of the Division of Internal Medicine replacing Dr. A. G. Richards, and Dr. J. D. R. Miller replaced Dr. Redford as Secretary of the Medical Staff Advisory Board. Under the new Medical Staff By-Laws, the new committees of the Medical Audit and Education had appointed respectively as Chairmen, Dr. R. P. Beck and Dr. P. Crockford. Dr. R. W. Sherbaniuk continued as President of the Medical Staff.

In 1970, although the House Staff establishment fluctuated to some extent, the average number of House Staff during the year was approximately 18 Interns (a decrease of approximately 11, 152 Residents, 14 Clinical Assistants, and 8 Residents appointed as Honorary Research Fellows during the research year of their training.

It is noted with regret and with great respect, that on August 31, Dr. G. W. Macgregor retired as Chairman of the Department of Pathology after a very long and contributory service to the University of Alberta Hospital and the Provincial Laboratory. We are very pleased that Dr. Macgregor has agreed to stay on in order to continue his contribution to the Surgical Pathological Services of the University of Alberta Hospital.

It is also with regret that the retirement of Dr. H. R. MacLean is noted. Dr. MacLean, the past Dean of Dentistry, has served not only as the Head of the Hospital Department of Dentistry for many years, but as member of the Medical Staff Advisory Board, and his considerable contributions to the Hospital are recognized. It is with pleasure that the appointment of Dr. J. McCutcheon, the new Dean of Dentistry is recognized. Planning for expanded hospital dental services will, as first indications show, undoubtedly receive a considerable boost from Dr. McCutcheon, and it is unfortunate that this new department, which should be expanded for the completeness of patient care, presents Dr. McCutcheon and the Hospital with this challenge just at a time of extremely tight budgetary restrictions.

Nineteen Seventy saw the complete revision of the Medical Staff By-Laws. The By-Laws were revamped with four main goals in mind; to streamline the By-Laws, to recognize the increasingly departmentalized structure of the Hospital, to combine the Medical Advisory Board and the Executive of the Medical Staff, and to delineate more clearly the appointments, privileges, etc., of individual members of the Medical Staff. Although it is obvious that such changes will take some time for their impact to be felt, the new Medical Staff By-Laws have already been of considerable help in their combining of the Medical Staff Advisory Board and the Executive of the Medical Staff and in regard to their delineation of individual physician's privileges. Particular thanks are given to Dr. R. W. Sherbaniuk and Dr. R. Fraser for their long hours of contribution to this major rewriting.

With the encouragement of the Medical Staff the new Medical Staff By-Laws assisted in the recognition of an anticipated request of the Minister of Health to involve Medical Staff more deeply in the utilization of hospital resources. The newly formed Hospital Services Utilization Committee, under the Chairmanship of Dr. Wensel, has in a very short period of time become a most active and productive committee of the Medical Staff. Their initial terms of reference include, but are not restricted to, pre-admission handling of patients; investigation and treatment of inpatients; establishment of normal utilization patterns in comparison to actual care; effective use of outside resources; effective use particularly of Nursing, Radiology, Laboratory, and Pharmacy; the impact of teaching programs; and the control of medical and surgical supplies. The work load of this committee is considerable, and to date they have done an admirable job in regard to developing formulae for bed allocations, implementing a review of space to become available in the Aberhart Hospital, the purposes of which this space should be used for, and also the use that should be made of subsequent space, thus released in the existing University of Alberta Hospital. This committee has also been very useful in assisting Administration to establish priorities in regard to expenditures on new medical programs, capital equipment, etc.

Last year's Annual Report concluded, "the end of 1969 also heralded the prospect of much more attention to the economics of patient care. This inevitably will mean much greater involvement of more of the personnel providing patient care (doctors, nurses, paramedical personnel, etc.) in budgeting control". This has indeed turned out to be true. It has not been without a considerable amount of voluntary contributed effort on the part of the Medical Staff and paramedical personnel, that such budgetary control has been initiated successfully.

Increasing awareness of the Hospital staff, particularly Medical Staff, of the concept of global budgeting, was encouraged by numerous talks, seminars, etc., concerning budgeting problems, and by the circulation of numerous reports comparing expenditures to budget, and the holding of individuals responsible in given areas for these expenditures.

Although the tight budget situation continued throughout the year, some of the extreme austerity experienced at the beginning was lightened by careful attention to revenue and to major cost areas such as salaries. Encouragingly, almost all departments in the Medical Division were under budget for the year with those exceptions indicating areas for special attention in the coming year. Careful attention was given to the development and acceptance of new programs based not only on genuine patient care need, but also on the revenue versus expenditure implications, a rather new experience for many members of the hospital field. The considerations of cost were not always comfortably compatible with the needs of patient care. Service departments providing service to other departments in the Medical Division, such as Radiology, Laboratories, and Medical Photography should be complimented for maintaining controls on costs, as pressures were placed upon them to handle increasing loads. With the installation of a charging system, allocating the cost of medical photography to the appropriate users, costs in this area were kept under control, but good service was still provided with many thanks to the individuals of this area — notably, Mr. Twyman and Mr. McNab with the able assistance of Dr. Laurenson.

The year 1970 might well be termed a year of increasing pressures in the form of growing health care demands in what appeared to be an ongoing situation of static resources, either monetary or personnel. The following examples, although only isolated examples, are perhaps crucial in pointing out that in future years the hospital field, in general, not just the University of Alberta Hospital, will have to consider and develop principles by which limited resources may be proportioned against the growing demands of the health care field.

One of the prime examples is the rapidly increasing demand for therapeutic abortions and tubal ligations which utilize not only bed space, but nursing staff, operating room time, anaesthetic time, supplies, etc., such that curtailment of other areas has occurred such as caring for other forms of gynaecological pathology. The Renal Dialysis Unit also provides an excellent example of fully utilized resources with increasing demands. Attempts were made to establish a home care program with a considerable amount of help from various communities in supplying finances for these patients for the equipment necessary for home care.

Unanticipated, but necessary new medical procedures, such as sophisticated isolation techniques in regard to bone marrow transplants, must be kept under constant surveillance, but still they present the already noted problems of weighing limited resources against necessary patient care.

Less dramatic, but perhaps for that reason deserving careful attention are the demands coming from the newly developing Rheumatic Disease Unit. The very chronicity of this type of disease, and the problems of its patients "competing" for hospital beds against other more dramatic diseases, emphasizes the difficult decision that must be made in allocating given resources to various areas of patient care need.

In other areas it would appear that needs are just not being met, in spite of recognizing that staff in these areas have produced a very high degree of output. These are areas such as the Glaucoma Diagnostic Clinic, the Orthoptic Clinic, the Retinal Angiography Clinic, Outpatient Physical Medicine and Rehabilitation services, Chest Physiotherapy services, etc.

All of the above serves to heighten the conviction that the era of "anything goes as long as it is for the patient's welfare" has now gone by. Hopefully the University of Alberta Hospital, and more so the entire hospital field, can stay away from the other end of the spectrum whereby certain groups of diseases and patients will be considered not productive enough to warrant society's resources, either monetary or personnel, for their assistance. But in the meantime, as these changes gradually take place, an increasing number of service areas experience a subtle, but demanding conflict of patient care demands versus the already pressured, dollars and trained personnel.

Interesting developments have been seen in regard to House Staff in the University of Alberta Hospital. Following the established patterns of other provinces, the House Staff of the University Hospital has established an organization of House Staff throughout the province known as the Interns and Residents of Alberta.

Although their interests will be the general welfare of their members, the quality of the educational programs they receive, etc., their initial interests have understandably been directed to the area of salaries, noting that Alberta has now dropped to the lowest paying province in Canada in regard to House Staff salaries. This is of growing concern to the House Staff, and it is hopefully a situation that can be corrected in the near future. Although the establishment of good teaching programs takes considerable time, their deterioration due to loss of good applicants can occur relatively quickly.

With the changes in the requirements of the Royal College of Surgeons, and with the increased utilization of the other hospitals in the city as teaching hospitals, more and more secondments of Residents between hospitals have taken place pointing out the obvious necessity of eventually centralizing the recruitment, appointment scheduling etc., of House Staff on a much wider basis than just one hospital.

The Medical Staff Academic Fund, in noting their increase in expenditures and a decrease in revenue, has had to curtail the availability of funds to assist in the educational experience of Residents and Interns in 1970, but hopefully this will level off such that the benefits received by Interns and Residents in past years can again be provided to them.

With the establishment of the new undergraduate curriculum in the Faculty of Medicine, and the replacement of the traditional third and fourth year by a phase III of 86 weeks, and recognizing that the implementation of this program has involved a temporary phasing situation with overlap of third and fourth year students, the placement, scheduling, and rotating of Student Interns in the Hospital has been, to say the least, a somewhat hectic situation. This will continue to be so into the early months of 1971. These individuals relate closely to the House Staff in their everyday functions within the Hospital, and it is noted with appreciation the cooperation that has been received from House Staff and all associated with the Student Interns in this initial "breaking in" period.

In 1970 the University of Alberta Hospital gave consideration to its role and responsibility in community service beyond that traditionally accepted by a hospital, a phenomenon which is occurring in many other North American hospitals. It is recognized that the University of Alberta Hospital already participates in community services beyond those normally thought of, such as coordination of the provision of medical services in the Northwest Territories; cooperation in regard to the handling of the street drug scene in the city; travelling physiotherapy programs to towns around Edmonton; provision of lab services through TWX facilities to eleven rural hospitals, etc. However, the extension of the University Hospital, in conjunction with the Faculty of Medicine into other areas of community service, is being reviewed very carefully noting the considerable demand that this can place upon already fully utilized staff and resources.

A number of renovation or installation projects completed or nearing completion in the Medical Division of the Hospital include the Transplant Immunology Laboratories; the installation of cardiac catheterization facilities in the Clinical Sciences Building and in the existing hospital; renovations in the Speech and Hearing area; the Post Partum Recovery Room; the installation of the Clin-Data system in the Clinical Pathology labs; the commencement of installation of expanded compressed air systems; and modifications in the Physical Medicine and Rehabilitation area.

Installation of the Chem-Data portion of the automated laboratory system began in 1970 along with the Multi-Channel Analyzer. Eventually the hook-up of the automated recording and reporting data handling system with the Multi-Channel Analyzer should bring about savings in mid or late 1971.

Implementation of the installation of ward dictating systems will be welcomed by the Medical Staff with an anticipated quicker return of dictated material to the patient chart. Although renovations did not begin in 1970 for the Intensive Care Unit, and the Emergency Department, acceptance of these programs will ultimately relieve considerable pressures now being placed upon these areas.

Other changes which have occurred of note in the Medical Division of the Hospital in 1970 can best be brought together only under the title of changes in the traditional way of doing things.

The ever increasing volume of patients in the Emergency Department has necessitated an increase in the newly accepted concept of salaried physicians in the Emergency Department, although the major impact of this particular staffing pattern will be felt more in 1971.

In the Medical Records Department, major problems concerning shortages of space will be partially solved by allowing for the first time in the University Hospital, the discarding of patient charts that have been inactive for more than 25 years, (except for the summary sheet and the post operative sheet), and the discarding of the nursing notes after 10 years of the chart being inactive.

In the Coronary Care Unit and Station 56, policies passed by the Medical Staff Advisory Board have given nursing staff increasing responsibility, previously considered to be the realm of the physician.

The traditionally separate departments of Medical Records and Admitting have been combined under Mr. Sockett recognizing an existing overlap of some of their responsibilities and their handling of similar data relating to the patient.

An extremely active Infection Control Committee has brought into a number of areas in the Hospital the Infection Control Nurse backed up by the expertise of this committee to anticipate, and secondly deal with problems of infection, whereas in the past this has more often than not, been left to the discretion of individual areas.

Although the following approach has been pursued in a number of areas in the Hospital, the Paediatric Core Committee is a prime example of a multi-disciplinary handling of problems at ward level involving Nursing, Medical Staff, Dieticians, Recreational Coordinators, Social Service workers, Clergy, and School Teachers.

The Special Services and Research Committee continues in it's exemplary role of Administrative support, and in some cases financial support to research projects, having reviewed 50 applications for research projects during the year, and of these supporting, in whole or in part, 32. It deserves special commendation in its recognition and support of major development in the area of transplantation immunology. This multi-disciplinary activity, involving several departments, and headed by Dr. J. B. Dossetor with Dr. Erwin Diener as co-director, will be a large step in placing the University of Alberta Hospital Health Sciences Centre among the leading centres in North America in this work which will be one of the major factors in making transplant of tissue from one human to another a practical and productive procedure.

In 1970 initial discussions with the province and the University Hospital Board began to set the pattern for the amalgamation of the Aberhart Sanatorium with the University of Alberta Hospital. However, the major impact of the amalgamation will be felt in 1971. In the meantime, this has resulted in the demanding task of establishing the most productive and efficient means of utilizing space in the Aberhart Hospital for patient care functions.

It was with regret that in 1970 Mr. Dale Mitchell, the Assistant to the Medical Director, left the University of Alberta Hospital to become the Administrator at Oliver. His contributions to the Hospital were considerable, and were most appreciated. His place was taken by Mr. E. R. Bexson, who brings to the Hospital both business and administrative experience, and in a short time he has become very familiar with the operations of the Medical Division of the Hospital.

CONCLUSIONS

As the Medical Staff of the Hospital and other paramedical personnel become more involved in the administrative problems of the Hospital's operations, through management necessity and through Board and Administrative encouragement, the uneasy feeling develops that an Annual Report such as this does not entirely recognize, and adequately thank many of these people who contribute a great amount of effort and time to the "running" of the Hospital, which they well might not consider their direct responsibility. However, it is obvious that such incorporation of these individuals into the policy development and decision making surrounding hospital affairs is necessary and will continue to be encouraged. Nineteen Seventy, as implied throughout this report, has been one of the first full years of experiencing the global budget system in the Medical Division of the Hospital, and thus, budgetary control. Efficiencies certainly have resulted from such an approach, but along with this the inevitable frustrations, particularly amongst already very busy people, of trying to combine excellent patient care with the need to stay within limited resources, two often contradictory provisions. Nineteen Seventy-One will see us moving away from many of these introductory problems of the budget system, but will see instead, the addition of other responsibilities for all members of the Medical Division in the amalgamation of the Aberhart Hospital. However, if past cooperation and productivity of medical and non-medical members of the Medical Division is an indication, 1971 will be a year to look forward to.



MR. J. R. NEWHOUSE

On April 1, 1970, the University of Alberta Hospital began a new system of financing with the Provincial Government. Prior to this time, we were paid an allowance per rated bed. This payment was always less than the operating cost of the hospital because it was based on the previous year's operation. At the end of the year prolonged discussions were held over the reasons for the shortage. It was a type of post-mortem with the Provincial Government almost forced to pick up the deficit.

For the year April 1, 1970 to March 31, 1971, we operated on a global budget determined in advance. This system was successful from both the hospital's standpoint and the government's standpoint. The hospital had a built-in incentive to reduce expenses and increase revenues because these savings were then available for equipment or renovations which could not otherwise be undertaken. The rate of the increase in operating costs over the previous year was the lowest of the past five years (9.2%). These operating figures include costs for any expansion of services due to volume increases or new services.

	Total Operating Expense	% Increase Over Previous Year
1965	\$ 9,777,364	
1966	\$11,298,964	15.6
1967	\$13,190,471	16.7
1968	\$15,602,823	18.3
1969	\$17,251,808	10.6
1970	\$18,838,965	9.2

The department heads, supervisors and staff of the hospital did a remarkable job in controlling their costs.

The published reports at December 31, 1970, do not really reflect the hospital's position with respect to the global budget, because the global budget was based on a year ending March 31, 1971. The December 31, 1970 statements therefore do not reflect the equipment purchases and renovations for the first three months in 1971, nor the increased salary costs due to union negotiations for this three month period. The financial report for the year ended December 31, 1970, shows a surplus of \$861,000. The surplus for the year ending March 31, 1971, will be \$450,000.

Our cash on hand also improved substantially in 1970. We had cash and short term securities at December 31, 1970 of \$3,500,000 compared to \$700,000 on December 31, 1969. This is a healthier and more reasonable cash position for a \$20,000,000 business.

ASSETS

Current:

Cash on hand, in banks and		
Treasury Branch	\$ 777,109.32	
Short Term Deposits	2,750,000.00	
		\$ 3,527,109.32

Accounts receivable:

Patients	\$ 296,326.72	
Less: Allowance for doubtful accounts	97,959.88	
	\$ 198,366.84	

Hospitalization Benefits Plan		
(Note 1)	493,779.00	
Government of Canada	120,055.58	
Province of Alberta	103,233.61	
Workmen's Compensation Board	58,789.88	
Municipalities	2,540.62	
Miscellaneous	223,151.33	

Inventories (Note 2)		1,199,916.86
Accrued interest receivable		652,719.23
Deposit with Workmen's Compensation Board		36,162.39
Prepaid expenses and deferred charges		4,788.64
		477.00

\$ 5,421,173.44

Capital:

Land and buildings, at cost		
(Note 3)	\$17,733,292.04	
Furniture and equipment, at cost		
(Note 3)	5,850,272.72	

23,583,564.76

Trust:

Cash on hand and in banks	\$ 106,810.82	
Short term deposits	510,000.00	

\$ 616,810.82
93,704.46

Accounts receivable		
Investments: (Note 4)		
Bonds and debentures, at book value		
(approximate market value \$1,522,000.00)	\$ 1,719,209.01	
Common shares, nominal value	1.00	

1,719,210.01
34,636.35
171,187.38

Accrued interest receivable		
Due from operating funds		

2,635,549.02
\$31,640,287.22

LIABILITIES

Current:

Accounts payable	\$ 1,022,346.79	
Accrued salaries and wages payable	156,728.38	
Province of Alberta, working capital advance	500,000.00	
Research prepayments	19,227.44	
Deferred income (Note 5)	1,490,739.54	
Due to trust funds	171,187.38	

Reserves:

Workmen's Compensation Board	\$ 57,327.00	
In-service education	9,102.09	
Employees' group insurance	858.52	

67,287.61

Revenue surplus, Statement B	1,803,545.54	
------------------------------------	--------------	--

\$ 5,231,062.68

Capital:

Capital surplus, Statement C	\$15,183,464.82	
------------------------------------	-----------------	--

Long term debt:

Advances from the Province of Alberta	\$ 8,115,424.84	
Debenture debt:		
5% serial debentures	474,785.86	

8,590,210.70

23,773,675.52

Trust:

Hospital reserve trust (Note 6)	\$ 1,322,758.44	
General trusts	1,001,685.41	
Parking operation fund	202,031.01	
Medical professional services trust	89,391.96	
University Hospital Foundation	12,586.47	
Patients' and staff trust	7,095.73	

2,635,549.02

\$31,640,287.22

Statement B**STATEMENT OF REVENUE SURPLUS**

Balance as at December 31, 1969		\$ 917,779.80
Add: Surplus for the year ended December 31, 1970	\$ 861,469.08	
Previous years' adjustments, net	24,296.66	
		885,765.74
Balance as at December 31, 1970		\$ 1,803,545.54

Statement C**STATEMENT OF CAPITAL SURPLUS**

Balance as at December 31, 1969		\$13,180,235.14
Add: Increase arising from:		
Hospitalization Benefits Plan:		
Redemption of debenture debt	\$ 20,631.99	
Repayment of capital advances by the Province of Alberta	775,492.56	
Assets provided	713,169.17	
	\$ 1,509,293.72	
Assets provided by the Province of Alberta	468,732.04	
Assets provided from donations	22,773.89	
Assets provided from hospital funds	2,430.03	
		2,003,229.68
Balance as at December 31, 1970		\$15,183,464.82

Statement D**STATEMENT OF REVENUE AND EXPENDITURE****REVENUE**

General services, including wards and rooms	\$ 1,603,760.50	
Special services and service departments revenues, including administration and plant operation, Schedule 1	2,073,910.79	
		\$ 3,677,671.29
Department of Veterans' Affairs, in-patients		466,740.00
Rentals revenue		100,936.59
Tuition fees		22,475.00
Miscellaneous revenue		9,834.82
		\$ 4,277,657.70

EXPENDITURE

Salaries and wages, Schedule 2	\$13,825,642.49	
Supplies and direct expenses, Schedule 3	4,925,171.34	
		\$18,750,813.83
Net basic operating cost		\$14,473,156.13
Debt charges:		
Capital	\$ 796,124.55	
Interest	367,125.35	
		1,163,249.90
Acquirement and replacement of furniture and equipment		632,436.37
Provision for doubtful accounts		88,150.71
Improvements to buildings		141,835.63
Net operating cost under the Hospitalization Benefits Plan		\$16,498,828.74
Deduct: Contributions claimed under the Hospitalization Benefits Plan:		
Basic operating payments	\$15,266,053.60	
Debt charges	1,163,249.90	
Furniture and equipment	631,520.37	
Provision for doubtful accounts	88,150.71	
Improvements to buildings	141,835.63	
		17,290,810.21
Net operating surplus		791,981.47
Research:		
Salaries and direct expenses, Schedule 5	\$ 246,742.20	
Deduct: Recoveries, Schedule 5	246,742.20	
Interest income, net		69,487.61
Surplus for the year ended December 31, 1970		\$ 861,469.08

NOTES TO THE FINANCIAL STATEMENTS

December 31, 1970

Note 1: Accounts receivable under the Hospitalization Benefits Plan are subject to approval and final determination by the Department of Health, Hospital Services and collection is subject to such approval.

The account is comprised of the following:

*Improvements to buildings	\$ 204,076.09
*Acquirement and replacement of furniture and equipment	141,150.09
*Uncollectible accounts	63,600.82
In-patient and out-patient services	78,855.89
*Excess of net operating cost over basic payments received, 1964 operations	6,096.11
	\$ 493,779.00

*In respect to the period prior to April 1, 1970.

Note 2: Inventories of supplies on hand were certified as to quantities and prices by officials of the Hospital.

Note 3: No depreciation has been provided on buildings, furniture or equipment. The Hospitalization Benefits Plan will provide funds for the acquirement and replacement of approved furniture and equipment and for retirement of debt incurred in the acquirement of capital assets.

Note 4: Trust investments are summarized hereunder:

	Par Value	Book Value
Government of Canada bonds	\$ 455,000.00	\$ 455,250.00
Provincial debentures, direct and guaranteed	1,122,500.00	1,113,031.09
Corporate debentures	150,000.00	150,927.92
Common shares	2,600.00	1.00
	\$1,730,100.00	\$1,719,210.01

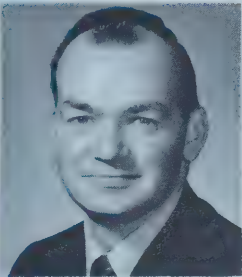
Note 5: Commencing April 1, 1970, contributions from the Province of Alberta Hospitalization Benefits Plan were based on an approved hospital budget for operating and capital purposes. Deferred revenue is comprised of the pro-rata budget payments received in December, 1970 in an amount of \$1,465,078.00 applicable to January, 1971 together unexpected funds of \$25,661.54 received for capital purposes.

Note 6: Transactions in the Hospital reserve trust are as undernoted:

Balance as at December 31, 1969		\$1,129,945.46
Add: Interest earnings	\$ 81,481.97	
Transfer from general trust	69,896.56	
Transfer from emergency trust	43,057.12	
Group Life Insurance	14,124.01	
Legacy	1,000.00	
Miscellaneous earnings	296.39	
		209,856.05
		\$1,339,801.51
Deduct: Transfer to in-service education reserve	\$ 15,000.00	
Banff School of Advanced Management	1,200.00	
Supplies and expenses	475.10	
Patients' comfort fund	367.97	
		17,043.07
Balance as at December 31, 1970		\$1,322,758.44

Note 7: Provision for doubtful accounts of \$96,175.00 was applicable to the period subsequent to April 1, 1970.





R. K. LARSEN

The year 1970 was a period in which a further extension of Manpower Division services was provided at the University of Alberta Hospital.

The computerization of our manual staff records was an exacting job for the Manpower Division employees. Work is continuing in the development of management reports. The reports will give each department head a greater opportunity to control the operation of his department. Our staff records have been coordinated with Payroll documents to produce a computerized Payroll/Manpower data program.

Effective 1 January 1971, the University of Alberta Hospital Board assumed the full responsibility for the administration and operation of the Aberhart Memorial Sanatorium. The terms of all the current and future collective agreements, personnel policies, conditions of employment, rules and regulations, as well as general by-laws of the University Hospital Board govern the Aberhart staff. Each employee was guaranteed his present salary, annual vacation entitlement and date of employment. The conversion of the Aberhart Memorial Sanatorium manual personnel records to our computerized program was developed and implemented effective 1 January 1971. This task was effectively accomplished in a short time span through the efforts of the Aberhart and University Hospital staff.

During the latter part of 1970, collective bargaining negotiations commenced. The collective agreement with the Civil Service Association as well as "Personnel Policies" with other non-management/supervisory staff are subject to renegotiation as of 1 January 1971. Staff association requests indicate a desire for higher wage rates, better staff benefits and conditions of employment.

The present economic situation appears to be in conflict with the staff negotiation requests. In such circumstance, a cost-conscious management cannot be blamed for resisting increased salary and benefit costs. However, management must ensure that all resources are continually used to a maximum effectiveness and, if we want to attract and retain competent personnel, that our compensation, fringe benefits, and working conditions are internally and externally competitive within the labor market.

In February 1970, an Orientation Program for all new employees was implemented. The aims of the program are to ensure that all new staff receive standard, uniform information regarding the hospital policies, procedures, benefits and so on; to provide basic motivation among all staff; and to stimulate good employee relations through developing a sense of belonging. The video-taped program involves among other things a welcoming address, an outline of staff activities, the physical plant, rules and regulations, as well as working conditions. To ensure that the program remains viable, continual reviews and revisions are being made.

With the purchase of a Management Development Training Course, we are now able to give a larger number of supervisory staff the opportunity to participate in a program on the principles of supervision, and to provide a development course at a relatively low per capita cost. The course includes such topics as "Planning", "Organizing", "Setting of Standards", "Communications", "Motivation", and "Decision Making". The program is to be implemented effective January 1971.

An "Employee Handbook" was prepared to assist new staff to assimilate to the hospital system. The booklet is a "Welcome to the University Hospital" and includes the "Philosophy and Aims", "Growth and Development", and "General Information" on employee benefits and facilities, physical plant, rules and regulations.

We presented a number of special training programs. They included: "telephone techniques", "metric system orientation", "porter's course", "cashier's course", and so on. The Manpower Division coordinated the revision of the hospital "Rules and Regulations".

As a continuum, the hospital Personnel Policies and Procedures were reviewed and expanded to meet the competitive challenge and to remain viable.

The format for the 1970 Long Service Awards was changed from a hospital venue to a more conducive non-hospital locale. The ceremony to honor the award recipients was augmented by a wine and cheese sampling and entertainment.

The division continued to coordinate such staff activities as "Staff Children's Christmas Party", "Staff Picnic" and "European Charter Flight". For the first time the staff had the opportunity to participate in a "Klondike Days Breakfast" program that was jointly sponsored by the Civil Service Association and the hospital Administration.

With the continued support from the management and staff at the University Hospital, and, now the Aberhart Hospital, we are confident that the Manpower Division will develop and provide meaningful services to all employees.



DR. R. W. SHERBANIUK
President, Medical Staff

DEPARTMENT OF AMBULATORY CARE

Chairman—Dr. L. C. Grisdale

Active Staff:

Grisdale, Dr. L. C.
Taylor, Dr. R. F.

DEPARTMENT OF ANAESTHESIA

Chairman—Dr. E. A. Gain

Active Staff:

Cameron, Dr. D. F.
Elton, Dr. C. D.
Gain, Dr. E. A.
Hagen, Dr. J. M.
Haley, Dr. F. C.
Haynes, Dr. H. G.
Kyle, Dr. W. D.
McCalla, Dr. R. I.
McFarland, Dr. J. D.
McIntyre, Dr. J. W. R.
Miller, Dr. J. D. M.
Moonie, Dr. G. T.
Paletz, Dr. S. G.
Preston, Dr. D. R.
Rensaa, Dr. M.

Courtesy Staff:

Hoar, Dr. Z.

DEPARTMENT OF DENTISTRY

Chairman—Dr. J. McCutcheon

Active Staff:

Cowburn, Dr. H. H.
Duke, Dr. C. G.
Harley, Dr. W. T.
Hawrish, Dr. C. E.
McKechnie, Dr. D. C.
MacRae, Dr. P. D.
Simpson, Dr. W. J.
Strelloff, Dr. M. G.
Stuart, Dr. W. R.

DEPARTMENT OF CLINICAL PATHOLOGY

Chairman—Dr. R. E. Bell

Head of Divisions

Biochemistry—Dr. H. E. Bell
Haematology—Dr. R. E. Bell

Active Staff:

Bell, Dr. H. E.
Bell, Dr. R. E.
Buchanan, Dr. D. I.
Dossetor, Dr. J. B.
Hill, Dr. J. R.
Watanabe, Dr. M.

DEPARTMENT OF MEDICINE

Chairman—Dr. R. S. Fraser

Head of Division:

Cardiology—Dr. R. E. Rossall
Pulmonary Diseases—Dr. B. J. Sproule
Clinical Haematology and Oncology—
Dr. A. S. Little
Dermatology—Dr. P. L. Rentiers

Endocrinology and Metabolism—

Dr. M. Watanabe
Gastroenterology—Dr. R. H. Wensel
Infectious Diseases—Dr. G. Goldsand
Internal Medicine—
Immunology and Nephrology—
Dr. J. B. Dossetor
Neurology—Dr. G. Monckton
Rheumatology—Dr. J. S. Percy

Active Staff:

Cardiology—

Basualdo, Dr. C. A. E.
Dvorkin, Dr. J.
Fraser, Dr. R. S.
Friesen, Dr. W. G.
Lee, Dr. S. J. K.
Rossall, Dr. R. E.
Taylor, Dr. R. F.

Clinical Haematology and Oncology—

Band, Dr. P. R.
Little, Dr. A. S.

Endocrinology and Metabolism—

Brown, Dr. G. D.
Crockford, Dr. P.
Watanabe, Dr. M.
Wilson, Dr. D. R.

Infectious Diseases—

Goldsand, Dr. G.

Immunology and Nephrology—

Howson, Dr. W. T.
McPherson, Dr. T. A.
Silverberg, Dr. D. S.
Ulan, Dr. R. A.

Neurology—

Blain, Dr. J. G.
Jacobs, Dr. H.
Monckton, Dr. G.

Pulmonary Diseases—

Herbert, Dr. F. A.
Lynne-Davies, Dr. P.
Rao, Dr. S.
Sproule, Dr. B. J.

Dermatology—

Brown, Dr. Jack
Rentiers, Dr. P. L.

Gastroenterology—

Sherbaniuk, Dr. R. W.
Wensel, Dr. R. H.

Internal Medicine—

Bell, Dr. D. M.
Donald, Dr. E. F.
Edwards, Dr. A. M.
Elliott, Dr. J. F.
Greenhill, Dr. S.
Sprague, Dr. J. H.
Thomson, Dr. R. K.

Rheumatology—

Kidd, Dr. E. G.
Percy, Dr. J. S.

Courtesy Staff:

Aaron, Dr. T. H. (Int. Med.)
Bell, Dr. C. I. (Int. Med.)
Cairns, Dr. A. (Int. Med.)
Rodman, Dr. F. B. (Int. Med.)
St. Clair, Dr. W. R. (Int. Med.)
Whiting, Dr. R. H. (Int. Med.)
Young, Dr. M. K. (Int. Med.)

Consulting Staff:

Aylesworth, Dr. J. A. (Tuberculosis)
Ball, Dr. G. H. (Public Health)
Brinsmead, Dr. A. N. (Admin. D.V.A.)
Cantor, Dr. M. M. (Medicine)
Downs, Dr. W. J. (Tuberculosis)
Gilbert, Dr. J. A. L. (Int. Med.)
McPherson, Dr. J. C. (Tuberculosis)
Mookerjee, Dr. B. K. (Imm. & Neph.)
Scott, Dr. J. W. (Int. Med.)
Smith, Dr. E. S. O. (Public Health)
Sprague, Dr. P. H. (Medicine)
Stephens, Dr. H. H. (Tuberculosis)

Honorary Staff:

Bell, Dr. R. E. (Haematology)
Davison, Dr. G. R. (Tuberculosis)
McGugan, Dr. A. C.
(Public Health & Administration)
Shaw, Dr. R. M. (Medicine)

DEPARTMENT OF MICROBIOLOGY

Chairman—Dr. F. L. Jackson

Active Staff:

Goldsand, Dr. G.
Jackson, Dr. F. L.

Consulting Staff:

Dixon, Dr. J. M. S. (Bacteriology)

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Chairman—Dr. R. P. Beck

Active Staff:

Barr, Dr. J. S.
Beck, Dr. R. P.
Bell, Dr. Donald M.
Brown, Dr. L. B.
Bugis, Dr. J.
Day, Dr. R. A.
Dunlop, Dr. D. L.
Ferguson, Dr. W. F.
Frew, Dr. W. D.
Horner, Dr. R. H.
Hutton, Dr. M. M.
McBride, Dr. R.
Moawad, Dr. A. H.
Nelson, Dr. T. R.
Reid, Dr. D. W. J.
Ritchie, Dr. D. C.
Yoneda, Dr. Y.

Courtesy Staff:

Clarke, Dr. T. R.
Ostolosky, Dr. R. J.
Parlee, Dr. S. S.
Quehl, Dr. E. B.

Consulting Staff:

Vant, Dr. J. R.

DEPARTMENT OF OPHTHALMOLOGY

Chairman—Dr. T. A. S. Boyd

Active Staff:

Boyd, Dr. T. A. S.
Hassard, Dr. D. T. R.
Morgan, Dr. R. A.
Rees, Dr. D. L.



DR. L. C. GRISDALE
Chairman, Medical Advisory Board

Courtesy Staff:

Foy, Dr. E. F.
Patrick, Dr. A.
Woywitka, Dr. N. W.

Consulting Staff:

Marshall, Dr. M. R.

DEPARTMENT OF PAEDIATRICS

Chairman—Dr. J. K. Martin

Active Staff:

Armstrong, Dr. H. B.
Bowen, Dr. P.
Calder, Dr. J.
Duncan, Dr. N. F.
Grisdale, Dr. L. C.
Martin, Dr. J. K.
Shea, Dr. D. R.
Stayura, Dr. L.
Taylor, Dr. W. C.
Tedeschini, Dr. M.
Ulan, Dr. Orest A.
Weinberg, Dr. R.
Wilcock, Dr. P. F.

Courtesy Staff:

Beauchamp, Dr. L. E.
Chen, Dr. Robert
Conradi, Dr. G. J.
Eddy, Dr. G. E.
Gander, Dr. T. A.
Gauk, Dr. E. W.
Poirier, Dr. R.
Selby, Dr. G. W.
Stewart, Dr. A. R.
Tkachyk, Dr. S. J.

Consulting Staff:

Leitch, Dr. D. B.
Swallow, Dr. G. E.

Outdoor Staff:

Nelson, Dr. J. C.

DEPARTMENT OF PATHOLOGY

Chairman—Dr. J. W. Macgregor

Active Staff:

Bain, Dr. G. O.
Kasper, Dr. T. A.
Macgregor, Dr. J. W.
Mielke, Dr. B. W.
Shnitka, Dr. T. K.
Swallow, Dr. R. J.

DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION

Chairman—Dr. J. B. Redford

Active Staff:

Redford, Dr. J. B.

Consulting Staff:

Fowler, Dr. J. R.
Bhala, Dr. R. P.
Woodhead, Dr. B. H.

DEPARTMENT OF PSYCHIATRY

Chairman—Dr. K. A. Yonge

Active Staff:

Carson, Dr. G. D.
De Coutere, Dr. I. A. A.
Dewhurst, Dr. W. G.
Earp, Dr. J. D.
Fuerst, Dr. H.
Gibbs, Dr. J. T.
Hays, Dr. P.
Runions, Dr. J. E.
Urschel, Dr. J. W.
Yonge, Dr. K. A.

Courtesy Staff:

Barker, Dr. H. M.
Hellon, Dr. C. P.
Pascoe, Dr. H.
Scott, Dr. Flora
Wojcicki, Dr. H. M.

Consulting Staff:

Guild, Dr. J.

DEPARTMENT OF RADIOLOGY

Chairman—Dr. J. D. R. Miller (Acting)

Active Staff:

Bachynski, Dr. J. E.
Costopoulos, Dr. L. B.
Cuthbert, Dr. R.
Hendin, Dr. I. D.
Holmes, Dr. C. E.
Miller, Dr. J. D. R.
Parker, Dr. W. R.

DEPARTMENT OF SURGERY

Chairman—Dr. R. A. L. Macbeth

Head of Divisions—

General Surgery—Dr. R. A. L. Macbeth
Neurosurgery—Dr. P. B. Allen
Orthopaedic Surgery—Dr. O. Rostrup
Otolaryngology—Dr. K. A. C. Clarke
Plastic Surgery—Dr. J. D. M. Alton
Thoracic & Cardiac Surgery—
Dr. J. C. Callaghan
Urology—Dr. J. O. Metcalfe

Active Staff:

General Surgery—

Johnston, Dr. R. J.
Kling, Dr. S.
Macbeth, Dr. R. A. L.
McCarten, Dr. A. B.
MacKenzie, Dr. W. C.
Michalyszyn, Dr. B.
Salmon, Dr. P. A.
Thurston, Dr. O. G.
Turner, Dr. F. W.
Williams, Dr. H. T. G.
Willox, Dr. G. L.
Wilson, Dr. T. S.
Yakimets, Dr. W. W.

Neurosurgery—

Allen, Dr. P. B. R.
Morton, Dr. G. K.
Weir, Dr. B. K. A.

Thoracic & Cardiac Surgery—

Callaghan, Dr. J. C.
Couves, Dr. C. M.
Dafoe, Dr. C. S.
Sterns, Dr. L. P.

Urology—

Boake, Dr. R. A.
Eid, Dr. T. C.
Francis, Dr. R. R.
Lakey, Dr. W. H.
Metcalfe, Dr. J. O.

Otolaryngology—

Clarke, Dr. K. A. C.
Mallen, Dr. R. W.
Quinlan, Dr. P. T.
Wilson, Dr. T. C.

Orthopaedic Surgery—

Cameron, Dr. G. W.
Huckell, Dr. J. R.
Johnston, Dr. D. C.
Rostrup, Dr. O.
Wilson, Dr. G. L.

Plastic Surgery—

Alton, Dr. J. D. M.
Hitchin, Dr. E.
Shimizu, Dr. H.

Courtesy Staff:

Allin, Dr. E. S. (General Surgery)
Anderson, Dr. W. S. (General Surgery)
Conroy, Dr. F. D. (Urology)
Day, Dr. F. G. (Orthopaedic Surgery)
Hall, Dr. W. F. M. (General Surgery)
Hardy, Dr. A. W. (General Surgery)
Henderon, Dr. R. S. (Orthopaedic Surgery)
Hyde, Dr. H. A. (General Surgery)
Maclean, Dr. W. A. (General Surgery)
Margolus, Dr. B. D. (General Surgery)
Meltzer, Dr. H.
(Thoracic & Cardiac Surgery)
Moreau, Dr. J. P. (Orthopaedic Surgery)
Richard, Dr. H. L. (General Surgery)
Ross, Dr. C. A.
(Thoracic & Cardiac Surgery)

Consulting Staff:

Anderson, Dr. R. L. (General Surgery)
Armstrong, Dr. W. S. (Otolaryngology)
Kowalewski, Dr. K. (Experimental Surgery)

Honorary Staff:

Alexander, Dr. N. E. (General Surgery)
Hepburn, Dr. H. H. (Neurosurgery)
Townsend, Dr. R. G. (Orthopaedic Surgery)

SCIENTIFIC AND RESEARCH ASSOCIATES

Boile, Dr. A. M.

(Phys. Med. & Rehab., Psych.)
Bursewicz, Dr. A. M. (Bacteriology)
Campbell, Dr. D. J. (Biochemistry)
Carmichael, Dr. J. W. (Bacteriology)
Collier, Dr. H. B. (Biochemistry)
Daniel, Dr. E. E. (Pharmacology)
Fawcett, Dr. D. M.
(Medicine & Biochemistry)
Fenna, Dr. D.
(Admin.—Exec. Director's Div.)
Lee, Dr. C. (Paediatrics)
Morgante, Dr. O. E. Z. (Virology)
Nihei, Dr. Taichi, (Biochemistry)
Overton, Dr. T. R. (Admin.—Med. Dir.)
Russell, Dr. J. C. (Surgery)
Scott, Dr. D. B. (Radiology)
Sinha, Dr. B. (Psychiatry)
Smith, Dr. R. S. (Surgery)
Usiskin, Dr. S. (Consultant Physicist)
Weckowicz, Dr. T. E. (Psychiatry)



EXECUTIVE COMMITTEE

Dr. R. W. Sherbaniuk—President
 Dr. M. I. Tedeschi—Vice-President
 Dr. O. G. Thurston—Secretary
 Dr. J. Brown
 Dr. H. Shimizu
 Dr. P. Crockford
 Dr. R. McBride
 Dr. J. G. Read—Ex officio
 Dr. J. W. Macgregor—Ex officio
 Dr. G. Goldsand—Ex officio

MEDICAL ADVISORY BOARD

Dr. L. C. Grisdale—Chairman
 Dr. J. D. R. Miller—Secretary
 Dr. R. S. Fraser
 Dr. R. A. L. Macbeth
 Dr. G. O. Bain
 Dr. R. P. Beck
 Dr. R. W. Sherbaniuk
 Dr. M. I. Tedeschi
 Dr. O. G. Thurston
 Dr. W. C. MacKenzie
 Dr. B. Snell
 Dr. J. G. Read
 Dr. P. Crockford (2 years)
 Dr. R. McBride (1 year)
 Miss M. G. Purcell (regular guest)

LIBRARY COMMITTEE

Dr. L. Stayura—Chairman
 Dr. W. H. Lakey
 Dr. J. R. Hill
 Dr. M. Watanabe

MEDICAL RECORDS COMMITTEE

Dr. G. Goldsand—Chairman
 Dr. P. Crockford
 Dr. P. A. Salmon

OPERATING ROOM COMMITTEE

Dr. R. A. L. Macbeth—
 Chairman and Secretary
 Dr. R. P. Beck
 Dr. E. A. Gain
 Dr. O. Rostrup
 Dr. G. L. Willox
 Dr. J. G. Read (regular guest)
 Mrs. M. Shewchuk (regular guest)

INFECTION COMMITTEE

Dr. F. L. Jackson—Chairman
 Dr. J. M. S. Dixon
 Dr. G. Goldsand
 Dr. H. Shimizu

MEDICAL AUDIT AND TISSUE COMMITTEE

Dr. O. Thurston—Chairman
 Dr. L. B. Brown
 Dr. J. W. Macgregor
 Dr. R. A. Ulan

UTILIZATION COMMITTEE

Dr. R. H. Wensel—Chairman
 Dr. David M. Bell
 Dr. M. I. Tedeschi
 Dr. A. B. McCarten
 Dr. Donald M. Bell
 Dr. A. N. Brinsmead

NUCLEUS OF THE HOUSE STAFF COMMITTEE

Dr. T. R. Nelson—Chairman
 Dr. O. G. Thurston
 Dr. L. Stayura
 Dr. P. Crockford
 Dr. J. E. Runions

PHARMACY AND THERAPEUTICS COMMITTEE

Dr. J. S. Percy—Chairman
 Dr. J. W. R. McIntyre
 Dr. G. Goldsand
 Mr. W. W. Maday—Ex officio
 Dr. W. G. Dewhurst (Nov./70)

SPECIAL SERVICES AND RESEARCH COMMITTEE

Dr. W. C. MacKenzie—Chairman
 Dr. B. Snell—Vice-Chairman
 Dr. R. E. Bell—Secretary
 Mr. J. Ellison—Assistant Secretary
 Dr. R. A. L. Macbeth
 Dr. R. S. Fraser
 Dr. R. P. Beck
 Dr. J. G. Read
 Mr. J. R. Newhouse
 Dr. R. W. Sherbaniuk
 Dr. M. I. Tedeschi

HONORARY RESEARCH FELLOWS:

Abraham, T. E.
 Antonenko, D. R.
 Banerjee, T. K.
 Bishop, J. L.
 Deutscher, C.
 Irwin, J. A.
 Jirsch, D. W.
 Petruk, K.
 Shaw, D. T.
 Vance, J. F. A.
 Wiens, E.
 Zaragoza, A.

CLINICAL ASSISTANT:

Chatterjee, C.
 Cheung, D.
 Co, T.
 Fanning, E. A.
 Ganguli, P. C.
 Ghazouly, S.
 Guthrie, A.
 Haugen, O.
 Lahiri, M.
 Lydon, P.
 Mann, N. S.
 Mitchell, W. G. V.
 Morcos, F.
 Oh, H.
 Ratzlaff, V.
 Rouget, A.
 Russell, K.
 Shuttleworth, E.
 Strehlke, C.
 Tan, A. T. D.
 Te, L. D.
 Wong, C. C.

CHIEF RESIDENT:

Akpata, M. O.
 Chung, B. H.
 Critchley, J. H.
 Cumming, R. A.
 Curry, J. P.
 Donnelly, R.
 Erasmo, R. R.
 Harley, C.
 Marsh, J.
 Mathur, A. N.
 Nakai, S.
 Nanjunidan, G.
 Smith, D.
 Wright, W.

RESIDENT:

Babiuk, M. J.
 Bettcher, K.
 Boutin, L. G.
 Brown, D. R.
 Caplan, B.
 Clagke, M.
 Culver, R.
 Dawson, D. T.
 Deliyannides, C.
 Dobson, D.
 Donnelly, P. J.
 Easton, J.
 Frankelson, E. N.
 Greidanus, T.
 Goff, E. A.
 Groves, T. D.

Harris, F.
 Hatfield, J.
 James, D. E.
 Jans, R.
 Johns, D.
 Kim, B. K.
 Lee, D.
 Lydon, S.
 McCurry, D. L.
 Milobar, T.
 Nagendra, B.
 Olekshy, J.
 Purdell-Lewis, J. G.
 Rao, B. N. S.
 Roberts, M.
 Robinson, S. M.
 Sabourin, G.
 Scriven, P.
 Siaw, M.
 Steele, T.
 Traub, G. E.
 Tseng, J. T.
 Voyce, C.
 Wagner, J. C.
 Weisler, M.
 Wheatley, R. A.
 Whidden, P.
 Wiebe, D.
 Wilson, A. F.

ASSOCIATE RESIDENT:

Bowen, R.
 Brooks, C.
 Cameron, G. S.
 Chan, R.
 Chernenkoff, R.
 Davis, L. A.
 Dutta, A.
 Fan, T. S.
 Fishkin, A. J.
 Gill, D. J.
 Glasgow, R. M.
 Gomm, U.
 Gregg, R. C.
 Haraphongse, M.
 Howarth, B.
 James, K.
 Kastelen, N.
 Kirk, A.
 Kristjanson, K.
 Louie, R.
 Lucien, P.
 Martin, F.
 McMurray, G. L.
 McPhee, M. S.
 Mewburn, R. H.
 Milliken, A. D.
 Popowich, J. W.
 Raine, R.
 Rao, A. S.
 Rivers, L.
 Russell, D. B.
 Schneck, D. W.
 Seland, T.
 Singh, Surat
 Tidman, P.
 Todd, E.
 Trueman, D.
 Tweedale, P. G.
 Voloshin, J.

Warnecke, L.
 Watts, R. A.
 West, G. R.
 Wu, W.

SENIOR ASSISTANT RESIDENT:

Amiss, J. D.
 Amundsen, B. R.
 Bailey, R.
 Campbell, D. R.
 Chung, J. F.
 Dastur, K.
 Davies, D. R.
 Dorran, B. W.
 Ferri, H. A.
 Freedman, J.
 Gardner, B. J.
 Gokiert, J. G.
 Hopp, P.
 Janzen, H.
 Jordan, R.
 Ladipo, G. O. A.
 Laing, I.
 Lee, S. K.
 Leszczynski, J.
 Lichtenfeld, L.
 Lieberman, M.
 Lobay, G.
 Lopez, R. C.
 Makar, D.
 Marynowski, B.
 Maudie, K.
 McIver, W.
 Mix, L.
 Morwood, D.
 Mulholland, D. J.
 Nixon, G. W.
 Parghi, K. G.
 Reynar, J.
 Rogers, H.
 Scott, D.
 Spady, D.
 Stevenson, M. J.
 Story, R.
 Sunohara, P.
 Thachuk, N.
 Thompson, Z.
 Tusz, D.
 Unger, A.
 Vyas, U.
 Warnock, J.
 Williams, D. M. K.
 Yee, R.

JUNIOR ASSISTANT RESIDENT:

Adams, D. O.
 Allera, D.
 Amy, R. W. M.
 Bennett, R.
 Borchardt, F.
 Conklin, R. J.
 Evenson, L.
 Fisk, R.
 Foulds, D. M.
 Gietz, L.
 Goh, K. E.
 Griswold, W.
 Hrudny, W. P.

James, D. H. J.
 Jamieson, W.
 Kilam, S.
 King, H. S.
 Kocandrl, K.
 Kubac, G.
 Kudryk, W. H.
 Kumar, J.
 Lamont, C.
 Langton, S.
 Long, E.
 Lynne-Davies, G.
 Maccagno, J. C.
 Malinowski, B.
 Marien, G.
 McKenzie, J.
 Milner, J.
 Myrholm, G. S.
 Patterson, P.
 Piercey, M.
 Ring, R.
 Robertson, K. D.
 Rootman, J.
 Sapp, J.
 Shandro, G.
 Sims, H.
 Singh, O.
 Sternberg, H. H.
 Taylor, R. W.
 Voth, A.
 Whitfield, W. A.
 Young, M.

INTERN:

Arnett, G. D.
 Belzberg, A.
 Birnbaum, R. J.
 Campbell, D.
 Carll, D.
 Chatterjee, A.
 Chew, S.
 Dugas, A. V.
 Fischer, J. D.
 Hendry, W.
 Hunchak, J.
 Johnston, R. U.
 Law, C. H.
 Lince, D.
 Lucas, B.
 McCracken, P.
 Morse, L.
 Mossing, M.
 Mucha, M. A. J.
 Musa, B.
 Parghi, G. H.
 Piercey, J.
 Porter, G.
 Read, W. L.
 Redding, K. G.
 Shandro, T.
 Singh, J.
 Singh, S.
 Tait, J. H.
 Tait, M.
 Thain, M.
 Tillier, D.
 Webb, G. F.
 Wesolowsky, G. B.
 Wu, H. W.





JASPER PRINTING LIMITED
EDMONTON, ALBERTA

Digitized by the Internet Archive
in 2026 with funding from
Legislative Assembly of Alberta - Alberta Legislature Library

